



DIVISION OF DEVELOPMENTAL DISABILITIES
Olympia, Washington

TITLE: RHC ICF/MR ADMISSIONS PROTOCOL POLICY 3.04

Authority:	42 CFR 440	Services: General Provisions
	42 CFR 483	Requirements for States and Long Term Care Facilities
	Chapter 71A RCW	Developmental Disabilities
	Chapter 388-825 WAC	Developmental Disabilities Services Rules

SCOPE

This protocol applies to persons requesting placement at an Intermediate Care Facility for the Mentally Retarded (ICF/MR) at a Residential Habilitation Center (RHC) operated by the Division of Developmental Disabilities (DDD). This includes Fircrest School, Frances Haddon Morgan Center, Lakeland Village, and Rainier School. This policy does not apply to persons on short-term admission to an RHC ICF/MR for respite care.

POLICY

- A. A statewide team of professional staff will review requests for admission to ICF/MRs and provide advice and recommendations to the Division Director.
- B. Persons age 13 and older requesting admission must be eligible for Medicaid services and also meet specific eligibility criteria for ICF/MR as follows:
 - 1. Be in need of active treatment per a qualifying score of 40 or more on the *Assessment – Current Support Needs (Adolescent to Adult)* (DSHS 15-168); and
 - 2. Need active treatment per 42 CFR 483.440(b) (1) requiring:
 - a. 24-hour awake supervision for the protection of self and others (42 CFR 483.430c (2); and

- b. Supervision or substantial training in the following activities of daily living:

- 1) Toileting;
- 2) Personal hygiene;
- 3) Feeding self;
- 4) Bathing;
- 5) Dressing;
- 6) Grooming;
- 7) Communication; and
- 8) Self-medication.

- C. The Division of Developmental Disabilities shall determine the actual placement location.

- D. Children under age thirteen (13) may be admitted to an RHC ICF/MR only by an Exception to Policy approved by the Division Director until such time as an assessment instrument comparable to the youth/adult assessment is available.

PROCEDURES

A. Requests for ICF/MR Admission

1. If the person, his/her legal representative, and/or family requests ICF/MR placement at an RHC, the case resource manager (CRM) will talk with the person to ascertain his/her willingness to reside at an RHC.
 - a. If the person appears to be certain that he/she wants to reside at an RHC ICF/MR, the CRM shall have the person sign the *Request for ICF/MR Admission* form (Attachment A), and document the request in the person's Individual Service Plan (ISP). If the person has a legal representative with full guardianship powers, the legal representative must also sign the request.
 - b. Regardless of the preference of the person's legal representative or family, if the person communicates or otherwise exhibits an unwillingness to reside at an RHC ICF/MR, the CRM will document this in the person's file and DDD will take no further action.
2. The CRM will discuss available, funded community placement options/services with the person, his/her legal representative and family, and assist them in visiting the RHC and community options. This should be done within 30 days of the signed request for ICF/MR admission.

3. The CRM will:
 - a. Complete a comprehensive assessment for persons age 18 and older using the *Comprehensive Assessment, Reporting and Evaluation (CARE)* tool;
 - b. Forward to the Regional Administrator the completed assessment of current support needs (DSHS 15-168), the signed request for ICF/MR admission, and any other relevant information (such as a functional assessment, behavior support plan, and the person's Individual Service Plan (ISP), or Individual Education Plan if the client is under 21).
4. The Regional Administrator will forward the completed packet to the Admissions Review Team (ART) in DDD Central Office.

B. Admissions Review Team

1. The Division Director will establish an ART to evaluate all ICF/MR admission requests. The Division Director will appoint all members and designate the team chair.
2. The ART will consist of the following members:
 - a. Central Office RHC Program Manager;
 - b. Central Office Community Residential Services Program Manager;
 - c. Licensed Psychologist;
 - d. Registered Nurse;
 - e. Regional Administrator or Field Services Administrator (FSA); and
 - f. QMRP/Habilitation Plan Administrator.
3. The ART will review the person's eligibility for ICF/MR services and all other relevant information, including the completed CARE assessment. The person's CRM, the FSA or designee, will meet with the ART to present information and respond to questions.
4. After review and discussion, the ART will provide advice and/or a recommendation to the Division Director.

C. Washington State Considerations for ICF/MR

1. The appropriate comprehensive assessment tool will be used to assist in determining if the intensity of the service need requires ICF/MR level of care as follows:
 - a. Persons age 13 and older will be assessed with the *Comprehensive Assessment Reporting Evaluation (CARE)* tool [WAC 388-72A]. The following scores reflect ICF/MR level of care:
 - (i) A Cognitive Performance Score (CPS) of 4, 5, or 6;
 - (ii) An ADL score of 3 or more;
 - (iii) A CARE classification of level 4 through 14; and
 - (iv) Evidence in CARE of behaviors requiring intervention to prevent injury to self, others, or property.
 - b. If the person scores below the assessed levels of need in “i” or “ii” above, the ART may consider the following documented habilitation needs, which meet ICF/MR criteria but are not adequately reflected in the above assessments:
 - (i) Severity of challenging behaviors;
 - (ii) Safety of person, family, caregiver, and community; and/or
 - (iii) Unstable health conditions.
2. The following two conditions must also be present:
 - a. The person must exhibit a willingness to reside at an RHC ICF/MR and participate in active treatment discharge planning; and
 - b. The person’s critical safety and/or health needs are not currently being met (i.e., shelter, food, medical, personal care, and supervision).
3. The ART must also consider the safety of the other RHC residents.

D. Review Period

1. Reviews of ICF/MR admission requests will be completed within 90 days of the date of receipt of the signed request, unless the time period is extended by mutual agreement of the requestor and DDD.
2. The RHC will review the person's continued need for ICF/MR level care annually [42 CFR 483.440(f) (2)].

E. Notice and Appeal Rights

1. The person and his/her legal representative or one other person will be notified in writing of the decision.
2. If ICF/MR placement is denied, information about appeal rights and a form for requesting a Fair Hearing will be enclosed with the notice.
3. The person and his/her legal representative have 28 days to appeal the denial or termination of ICF/MR services.
4. If an appeal is filed within 28 days, current services are continued pending the final appeal decision.

EXCEPTIONS

Any exception to this policy must have the prior written approval of the Division Director. There are no exceptions to CFR or RCW.

SUPERSESSION

None.

Approved: /s/ Linda Rolfe
Director, Division of Developmental Disabilities

Date: 3/9/2004